



County of San Bernardino

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CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code ALSHIFA769	SC	Dent. A	Contract Number		
County Department Economic and Community Development		Dept. ECD	Orgn. PROJ	Contractor's License No.		
County Department Contract Representative THOMAS R. LAURIN/Christney Barilla		Telephone (909)388-0808		Total Contract Amount \$30,000		
Contract Type <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:						
If not encumbered or revenue contract type, provide reason:						
Commodity Code		Contract Start Date July 1, 2003	Contract End Date June 30, 2004	Original Amount	Amendment Amount	
Fund SBA	Dept. ECD	Organization PROJ	Appr. 200	Obj/Rev Source 2005	GRC/PROJ/JOB No. 00001897	
Project Name			Estimated Payment Total by Fiscal Year			
Muscoy: Health Care Services			FY 04	Amount \$30,000	I/D	
Program - Al-Shifa Clinic						
(#215-25127/1897)						
Contract Type 2 (b)						

CONTRACTOR Al-Shifa Clinic, Inc.

Federal ID No. or Social Security No. 95-411761

Contractor's Representative Sahibzada Muzaffaruddin, Manager

Address P.O. Box 9724, San Bernardino, CA 92407 Phone (909) 473-0600

Nature of Contract: *(Briefly describe the general terms of the contract)*

This contract, between the County of San Bernardino and Al-Shifa Clinic, Inc., provides \$30,000 of Community Development Block Grant (CDBG) funds to assist in the provision of free health clinic services to low- and moderate-income residents of CDBG participating communities in the Second and Fifth Supervisorial Districts. CDBG funds will be used to pay for supplies and services, as well as, staff salaries related to the operation of the health clinic.

The contract term is July 1, 2003 through June 30, 2004. Payments will be made in the form of expenditure reimbursements.

The attached Contract consists of 12 pages.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink) County Counsel Date	Reviewed as to Contract Compliance Date	Presented to BOS for Signature Department Head Date
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Auditor/Controller-Recorder Use Only

☐ Contract Database ☐ FAS

Input Date	Keyed By
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CONTRACT

This Contract is made and entered into, by and between the County of San Bernardino, hereinafter referred to as "COUNTY", and Al-Shifa Clinic, Inc., a non-profit organization, hereinafter referred to as "AL-SHIFA CLINIC".

WITNESSETH

WHEREAS, COUNTY has entered into a contract with the United States of America through its Department of Housing and Urban Development, hereinafter referred to as "HUD", to execute the COUNTY Community Development Block Grant (CDBG) Program under the Housing and Community Development Act of 1974, as amended, hereinafter referred to as the "ACT"; and,

WHEREAS, COUNTY Department of Economic and Community Development hereinafter referred to as "ECD", is authorized to act on behalf of COUNTY in administering the COUNTY CDBG program; and,

WHEREAS, AL-SHIFA CLINIC desires to participate in the COUNTY CDBG program and is qualified by reason of experience, preparation, organization, staffing and facilities to provide health care services, illness prevention and psychiatric health education; and,

WHEREAS, COUNTY recognizes the public benefit in providing such a program to low- and moderate-income persons; and,

WHEREAS, on April 15, 2003, County Board of Supervisors approved the up-dated 2000-2005 Consolidated Plan and 2003-2004 Action Plan, and as part of that Action Plan, allocated \$30,000 of CDBG funds for AL-SHIFA CLINIC to provide said services to persons residing in CDBG participating communities in the Second and Fifth Supervisorial Districts.

NOW THEREFORE, in consideration of the mutual covenants herein set forth and the mutual benefits to be derived therefrom, the parties agree as follows:

1. **SCOPE OF SERVICES**

AL-SHIFA CLINIC will provide free healthy clinic and education services for twenty (20) hours each week to approximately ten (10) low- and moderate-income persons, described in Exhibit 1 of 7, PROJECT/ACTIVITY DESCRIPTION.

All beneficiaries of the Al-Shifa Health Clinic programs shall be low- and moderate-income persons or households, as defined in Section 20, BENEFICIARY QUALIFICATION. Unless specified otherwise, ECD shall have the authority to represent COUNTY regarding the terms and conditions of this Contract and the administration thereof.

2. **TIME OF PERFORMANCE**

Said services of AL-SHIFA CLINIC shall commence July 1, 2003 and shall be completed no later than June 30, 2004.

3. **COMPENSATION AND METHOD OF PAYMENT**

For performance of such services, COUNTY shall provide CDBG funds not to exceed thirty thousand dollars (\$30,000). This payment shall constitute full and complete compensation for AL-SHIFA CLINIC

services under this Contract. For the purpose of this Contract, COUNTY shall disburse compensation and monitor AL-SHIFA CLINIC performance in satisfying the scope of work obligations under the terms of this Contract.

Disbursement of payments to AL-SHIFA CLINIC shall be made by monthly reimbursements, contingent upon COUNTY receipt of a monthly summary statement for each previous month's expenditures which conforms to the BUDGET SUMMARY, attached hereto as Contract Exhibit 2 of 7. Monthly expenditure reports shall be documented with "audit ready" supportive evidence of each expenditure and proof of payment, in accordance with HUD regulations. The monthly expenditure report submitted by AL-SHIFA CLINIC must list the "Other Sources" that are co-funding personnel as stated in Exhibit 3 of 7, BUDGET JUSTIFICATION - PART II. Reimbursements shall be limited to the total of approved properly documented expenditures. Monthly reimbursements shall be evenly amortized over the remaining term of this Contract unless otherwise approved by ECD. All reimbursement requests must be submitted no later than 60 days after the expiration of this Contract. Requests received after said 60-day period shall be considered non-compliant and not eligible for reimbursement under the terms of this Contract.

AL-SHIFA CLINIC must submit said monthly expenditure reports by the 10th day of every calendar month regardless of expenditure amount. After receipt by COUNTY of each properly documented expenditure report, COUNTY will draw a warrant in favor of AL-SHIFA CLINIC for the approved expenditure amount. Submittal of an expenditure report after the tenth (10th) day of the month in which payment is requested will cause unavoidable delays in payment processing.

4. BUDGET SECTION

No more than the amounts specified in the BUDGET SUMMARY, attached hereto as Contract Exhibit 2 of 7, may be spent for the separate cost categories specified in the Budget Summary without prior written approval of COUNTY. Contract Exhibit 3 of 7, BUDGET JUSTIFICATION - PART II, explains the basis of valuation for each cost category shown on the Budget Summary.

5. USE OF FUNDS

Funds allocated pursuant to this Contract shall be used exclusively for costs included in the AL-SHIFA CLINIC program budget. Contract funds shall not be used as security or to guarantee payments for any non-program obligations, or as loans for non-program activities.

6. BUDGET MODIFICATIONS

ECD Director or his designee may grant budget modifications to this Contract for the movement of funds within the budget categories identified in Contract Exhibit 2 of 7, BUDGET SUMMARY, when such modifications:

- a. Do not exceed \$10,000 per budget cost category;
- b. Are specifically requested by AL-SHIFA CLINIC;
- c. Do not alter the amount of compensation with this Contract;
- d. Will not change the project goals or scope of services;
- e. Are in the best interests of COUNTY and AL-SHIFA CLINIC in performing said services; and
- f. Related to salaries, are in accordance with applicable salary ordinances or laws.

7. CHANGES IN GRANT ALLOCATION

COUNTY reserves the right to reduce the grant allocation when COUNTY fiscal monitoring indicates that AL-SHIFA CLINIC rate of expenditure will result in unspent funds at the end of the program year.

Changes in the grant allocation will be made after consultation with AL-SHIFA CLINIC. Such changes shall be incorporated into this Contract by written amendments.

8. REVENUE DISCLOSURE REQUIREMENT

By its execution of this Contract, AL-SHIFA CLINIC certifies that it has previously filed with ECD, a written statement listing all revenue received, or expected to be received, by AL-SHIFA CLINIC from federal, state, city or COUNTY sources, or other governmental or private agencies, and applied or expected to offset in whole or in part any of the costs incurred by AL-SHIFA CLINIC in conducting current or prospective projects or business activities, including, but not necessarily limited to, the project or business activity which is the subject of this Contract. Such statement shall reflect the name and a description of such project or business activity, the dollar amount of funding provided, or to be provided, by each and every agency to each such project or business activity, and the full name and address of each such agency. During the term of this Contract, AL-SHIFA CLINIC shall prepare and file a similar written statement each time it receives funding from any agency which is in addition to that revenue disclosed in AL-SHIFA CLINIC initial revenue disclosure statement hereunder. Such statement shall be filed with ECD within fifteen (15) calendar days following receipt of such additional funding. AL-SHIFA CLINIC shall make available for inspection and audit to COUNTY representatives, upon request, at any time during the duration of this Contract and during a period of three (3) years thereafter, all of its books and records relating to the operation by it of each project or business activity which is funded in whole or in part with governmental monies, whether or not such monies are received through COUNTY. All such books and records shall be maintained by AL-SHIFA CLINIC at a location in San Bernardino County. Failure of AL-SHIFA CLINIC to comply with the requirements of this section of the Contract shall constitute a material breach of contract upon which COUNTY may cancel, terminate, or suspend this Contract.

9. JOINT FUNDING

For programs in which there are sources of funds in addition to CDBG funds, AL-SHIFA CLINIC shall provide proof of such funding. COUNTY shall not pay for any services provided by AL-SHIFA CLINIC that are funded by other sources. All restrictions and/or requirements provided in this Contract relative to accounting, budgeting, and reporting apply to the total program regardless of funding sources.

10. PROGRAM INCOME

Program income represents net income directly generated from the use of CDBG funds by AL-SHIFA CLINIC as a result of the activity funded under the terms of this Contract. When such income is generated by an activity only partially assisted with CDBG funds, the income shall be prorated to reflect the percentage of CDBG funds used. AL-SHIFA CLINIC shall retain the use of program income by returning program income to COUNTY and requesting project budget increases for activities authorized under this Contract. Program income shall be returned to COUNTY within thirty (30) days after: a) disposition or sale of real or personal property occurs or; b) cumulative program income reaches increments of one thousand dollars (\$1,000); or c) the end of each fiscal year. AL-SHIFA CLINIC shall include in the reports required by Paragraph 21, Program Reporting, all sources and amounts of program income on a monthly and year-to-date basis.

Program income returned by COUNTY to AL-SHIFA CLINIC shall be spent by AL-SHIFA CLINIC on only those costs authorized under this Contract. All provisions of this Contract shall apply to said use of program income. AL-SHIFA CLINIC shall account for the receipt and use of program income in such a way that program income is spent on authorized activities before additional CDBG funds are spent.

Any program income on-hand when this Contract expires, or received after such expiration, shall be paid to COUNTY.

11. FISCAL LIMITATIONS

While not presently anticipated, HUD may, in the future, place programmatic or fiscal limitation(s) on COUNTY CDBG funds. Accordingly, COUNTY reserves the right to revise this Contract in order to take account of actions affecting HUD program funding. In the event of funding reduction, COUNTY may reduce the budget of this Contract as a whole or as to cost category, may limit the rate of AL-SHIFA CLINIC authority to commit and spend funds, or may restrict AL-SHIFA CLINIC use of both its uncommitted and its unspent funds. Where HUD has directed or requested COUNTY to implement a reduction in funding, in whole or as to cost category, with respect to funding for this Contract, ECD may act for COUNTY in implementing and effecting such a reduction and in revising the Contract for such purpose. Where COUNTY has reasonable grounds to question the fiscal accountability, financial soundness, or compliance with this Contract of AL-SHIFA CLINIC, COUNTY may act to suspend the operation of this Contract for up to sixty (60) days upon three (3) days notice to AL-SHIFA CLINIC of its intention to so act, pending an audit or other resolution of such questions. In no event, however, shall any revision made by COUNTY affect expenditures and legally binding commitments made by AL-SHIFA CLINIC before it receives notice of such revision, provided that such amounts have been committed in good faith and are otherwise allowable and that such commitments are consistent with HUD cash withdrawal guidelines.

12. NON-EXPENDABLE PROPERTY

A record shall be maintained for each item of non-expendable property acquired for this program with CDBG funds. This record shall be provided to COUNTY upon request. Non-expendable property shall include tangible personal property, including but not limited to office equipment, and real property and any interest in such real property, including any mortgage or other encumbrance of real property as well as any funds derived from the sale or disposal of non-expendable property. Any utilization of funds derived from the sale or disposition of non-expendable property must have prior approval of COUNTY and otherwise comply with all applicable laws and regulations. Upon termination of this Contract, COUNTY reserves the right to determine the final disposition of said non-expendable property acquired for this program with CDBG funds, including funds derived therefrom. Said disposition may include COUNTY taking possession of and title to said non-expendable property. Non-expendable personal property means tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$1,000 or more per unit.

13. EXPENDABLE PERSONAL PROPERTY

Expendable personal property refers to all tangible personal property other than non-expendable personal property. All purchases of expendable personal property with a unit value of \$1,000 or more per unit must have the prior written approval of the ECD Director, or his designee.

14. PURCHASE OR LEASE OF NON-EXPENDABLE PROPERTY OR EQUIPMENT

AL-SHIFA CLINIC shall obtain at least three comparable price quotes and receive ECD approval of the item(s) selected prior to purchasing or leasing any non-expendable personal property or equipment over \$1,000 in unit value and having a life expectancy of more than one (1) year. Such property shall be properly identified and inventoried and shall be charged at its actual price deducting all cash discounts, rebates, and allowances received by AL-SHIFA CLINIC. This inventory shall be provided to COUNTY upon request.

AL-SHIFA CLINIC shall obtain written approval from ECD prior to selling or disposing of any non-expendable property or equipment. Any proceeds generated from the sale of such property or equipment shall be subject to the provisions of Section 10, PROGRAM INCOME.

15. ACQUISITION OF SUPPLIES AND EQUIPMENT

AL-SHIFA CLINIC may purchase from a related agency/organization only if: (a) prior authorization is obtained in writing from COUNTY, (b) charges do not exceed the authorized amount and minimum written specifications are met, (c) a community related benefit is derived from such AL-SHIFA CLINIC related

acquisition, and (d) no conflict of interest for private gain accrues to AL-SHIFA CLINIC or its employees, agents or officers.

AL-SHIFA CLINIC shall adhere to all applicable procurement standards of 24CFR Part 84 in the acquisition of supplies and equipment. AL-SHIFA CLINIC shall submit documentation of the cost and price analysis required in 24CFR 84.45 for approval prior to procuring non-expendable property or equipment.

COUNTY reserves the right to disallow any purchase from any vendor of supplies, equipment, non-expendable property or expendable property which is purchased in whole or in part with funds provided by this Contract. AL-SHIFA CLINIC may seek prior approval of COUNTY for any such expenditures, and prior approval which is granted shall be binding on COUNTY unless such expenditure violates federal law or regulations or is disallowed by HUD.

16. PURCHASE AND INVOICE DEADLINES

Purchase of equipment or property must be completed before the last three (3) months of the initial performance period and all equipment bills shall be paid before the last two (2) months of this period. No expendable or non-expendable property or equipment shall be purchased during the final three (3) months of the initial performance period unless approved by COUNTY in writing. Invoices for all obligations incurred under this Contract must be submitted to ECD Fiscal Division within sixty (60) days after the initial performance period termination date or they may not be honored. Exceptions to the preceding limitations require prior written approval by ECD.

17. TRAVEL AND CONFERENCE RESTRICTIONS

AL-SHIFA CLINIC certifies and agrees that travel and conference expenses for persons other than employees of AL-SHIFA CLINIC, will not be paid by funds provided through this Contract. No travel expenses for out-of-state travel shall be included in this Contract unless specifically listed in the BUDGET SUMMARY, Contract Exhibit 2 of 7, which is attached and incorporated herein. AL-SHIFA CLINIC further agrees that any travel expense incurred by AL-SHIFA CLINIC that is not listed in the Budget Summary shall not be paid by funds provided through this Contract unless prior written approval of the ECD Director has been obtained.

18. USE OF FUNDS FOR ENTERTAINMENT, GIFTS, OR FUND RAISING ACTIVITIES

AL-SHIFA CLINIC certifies and agrees that it will not use funds provided through this Contract to pay for entertainment, gifts, or fund-raising activities.

19. MONITORING

ECD Director or his designee will conduct periodic program monitoring reviews. These reviews will focus on the extent to which the planned program has been implemented and measurable goals achieved, effectiveness of program management, and impact of the program. Authorized representatives of COUNTY and HUD shall have the right of access to all activities and facilities operated by AL-SHIFA CLINIC under this Contract. Facilities include all files, records, and other documents related to the performance of this Contract. Activities include attendance at staff, board of directors, advisory committee and advisory board meetings and observation of on-going program functions. AL-SHIFA CLINIC will permit on-site inspection by COUNTY, and HUD representatives, and ensure that its employees and board members furnish such information, as in the judgement of COUNTY and HUD representatives, may be relevant to the question of compliance with contractual conditions and HUD directives, or the effectiveness, legality, and achievements of the program.

20. BENEFICIARY QUALIFICATION

Persons qualifying for program services on the basis of income, hereinafter referred to as BENEFICIARIES, shall have an annual household gross income equal to or less than the U.S. Department of Housing and Urban Development (HUD) Section 8 (of the United States Housing Act of 1937) Income Limits. HUD Section 8 Income Limits for the Riverside-San Bernardino RMSA, define the maximum annual household gross income for low- and moderate-income households. AL-SHIFA CLINIC is responsible for obtaining from COUNTY the said current applicable HUD Section 8 Income Limits for each year of the Contract term identified in Section 2, TIME OF PERFORMANCE. Under CDBG regulations, the following clientele categories are presumed to be low- and moderate-income persons and can qualify for service regardless of income: abused children; battered spouses; elderly persons (60 and older); severely disabled adults; homeless persons; illiterate adults; persons with AIDS; migrant farm workers. AL-SHIFA CLINIC shall document the household income of all BENEFICIARIES, by obtaining completed copies of the "BENEFICIARY QUALIFICATION STATEMENT", Exhibit 5 of 7. AL-SHIFA CLINIC shall retain these forms for at least five (5) years after conclusion of this Contract.

21. PROGRAM REPORTING AND RETENTION OF RECORDS

AL-SHIFA CLINIC agrees to prepare and submit financial, program progress, and other reports as required by HUD or COUNTY directives. AL-SHIFA CLINIC shall maintain such program, property, personnel, financial, statistical and other records, supporting documents, and accounts as are considered necessary by HUD or COUNTY to assure proper accounting for all Contract funds. Said records, documents and accounts are to be retained by AL-SHIFA CLINIC for a minimum of five (5) years. The retention period starts from the date the COUNTY submits its annual performance and evaluation report, as prescribed in 24CFR 91.520, in which the service under the terms of this contract is reported on for the final time. Said COUNTY submission will follow AL-SHIFA CLINIC's final submission to COUNTY of reports identified under this paragraph. Records and accounts that pertain to something being sued or audited over must be maintained for the five (5) years or until the issue is resolved, whichever is longer. Records that pertain to real estate transactions must be maintained for the five (5) years or the number of years that there is an outstanding obligation, whichever is longer. The starting date for retention of records on CDBG-purchased equipment begins at the end of the equipment's use, when it is disposed of or transferred. The retention period for records relating to program income begins on the last date of COUNTY fiscal year in which the income is earned. All AL-SHIFA CLINIC records, with the exception of confidential client information, shall be made available to representatives of COUNTY and the appropriate federal agencies. AL-SHIFA CLINIC is required to submit data necessary to complete the Annual Grantee Performance Report in accordance with HUD regulations in the format and at the time designated by the ECD Director or his designee. By the tenth (10th) of each month, AL-SHIFA CLINIC shall submit a completed MONTHLY PROGRAM PROGRESS REPORT, Exhibit 6 of 7, and a completed COMMUNITY BENEFIT REPORT, Exhibit 7 of 7, for the month being reported. AL-SHIFA CLINIC shall also provide the MONTHLY DIRECT BENEFIT REPORT included on Exhibit 6 of 7, as necessary for completion of the Annual Grantee Performance Report.

22. ACCOUNTING

AL-SHIFA CLINIC must establish and maintain on a current basis an adequate accounting system in accordance with HUD directives and Generally Accepted Accounting Principles.

23. AUDITS

AL-SHIFA CLINIC is required to arrange for an independent financial audit performed within the direction of Generally Accepted Auditing Standards and Government Auditing Standards. Said audit shall be conducted for the term of this Contract. When AL-SHIFA CLINIC receives \$300,000 or more in federal

funds from all funding sources within a fiscal year, the required audit must be performed in compliance with OMB Circular A-133.

AL-SHIFA CLINIC shall submit a copy of the audit report to COUNTY within nine (9) months after the end of the audit period. Within thirty (30) days of the submittal of said audit report, AL-SHIFA CLINIC shall provide to COUNTY a written response to any concerns or findings identified in said audit report. The response must examine each concern or finding and explain a proposed resolution, including a schedule for correcting any deficiency. All actions to correct said conditions or findings shall be taken within six (6) months after receipt of the audit report.

COUNTY, or any state or federal agency, may make additional audits or reviews, as necessary, to carry out the responsibilities of AL-SHIFA CLINIC under COUNTY, state or federal laws and regulations. AL-SHIFA CLINIC agrees to cooperate fully with all persons conducting said additional audits or reviews. COUNTY and its authorized representatives shall, at all times, have access for the purpose of audit or inspection, to any and all books, documents, papers, records, property, and premises of AL-SHIFA CLINIC.

If indications of misappropriation or misapplication of the funds of this Contract cause COUNTY to require an additional audit, the cost of the audit will be encumbered and deducted from this Contract budget. Should COUNTY subsequently determine that the additional audit was not warranted, the amount encumbered will be restored to the Contract budget. AL-SHIFA CLINIC shall reimburse all misappropriation or misapplication of funds to COUNTY. In the event COUNTY uses the judicial system to recover misappropriated or misapplied funds, AL-SHIFA CLINIC shall reimburse COUNTY legal fees and court costs in addition to awards.

24. ASSIGNMENT

This Contract is not assignable by AL-SHIFA CLINIC without the express written consent of COUNTY. Any attempt by AL-SHIFA CLINIC to assign any performance of the terms of this Contract shall be null and void and shall constitute a material breach of this Contract.

25. TERMINATION AND TERMINATION COSTS

This Contract may be terminated in whole or in part at any time by either party upon giving (30) days notice in writing to the other party. Agreement must be reached by both parties as to reasons and conditions for termination in compliance with the provisions of federal regulations at 24CFR Part 84.61, Termination for Convenience. ECD is hereby empowered to give said notice subject to ratification by the COUNTY Board of Supervisors.

COUNTY may immediately terminate this Contract upon the termination, suspension, discontinuation or substantial reduction in CDBG funding for the Contract activity or if for any reason the timely completion of the work under this Contract is rendered improbable, infeasible or impossible. If AL-SHIFA CLINIC materially fails to comply with any term of this Contract, COUNTY may take one or more of the actions provided under federal regulation at 24CFR Part 84.62, Enforcement, which includes temporarily withholding cash, disallowing non-compliant costs, wholly or partly suspending or terminating the award, withholding further awards, and other remedies that are legally available. In such an event, AL-SHIFA CLINIC shall be compensated for all services rendered and all necessarily incurred costs performed in good faith in accordance with the terms of this Contract that have been previously reimbursed, to the date of said termination to the extent that CDBG funds are available from HUD.

26. REVERSION OF ASSETS

Upon Contract termination, AL-SHIFA CLINIC shall transfer to COUNTY all CDBG funds on hand at the time of expiration and any accounts receivable attributable to the use of CDBG funds.

All real property acquired or improved in whole or in part with CDBG funds under this Contract must continue in the use that provides the service benefits and national objectives for which it was funded, or it must be disposed of in a manner resulting in a reimbursement to COUNTY in the amount of the current fair market value of the property less any portion thereof attributable to expenditures of non-CDBG funds for the acquisition or improvement of the property.

27. TIME OF PERFORMANCE MODIFICATIONS

ECD Director may grant time of performance modifications to this Contract when such modifications:

- a. In aggregate do not exceed twelve (12) calendar months;
- b. Are specifically requested by AL-SHIFA CLINIC;
- c. Will not change the project goals or scope of services;
- d. Are in the best interests of COUNTY and AL-SHIFA CLINIC in performing the scope of services under this Contract; and
- e. Do not alter the amount of compensation under this Contract.

28. INDEPENDENT CONTRACTOR

All parties hereto in the performance of this Contract will be acting in independent capacities and not as agents, employees, partners, joint venturers, or associates of one another. The employees or agents of one party shall not be deemed or construed to be the agents or employees of the other party for any purpose whatsoever.

29. CONTRACT COMPLIANCE

AL-SHIFA CLINIC shall make every effort to ensure that all projects funded wholly or in part by CDBG funds shall provide equal employment and career advancement opportunities for minorities and women. In addition, AL-SHIFA CLINIC shall make every effort to employ residents of the area and shall keep a record of the positions that have been created directly or as a result of this program.

AL-SHIFA CLINIC shall comply with Executive Orders 11246, 11375, 11625, 12138, 12432, 12250, Title VII of the Civil Rights Act of 1964, the California Fair Housing and Employment Act, County Policy 15-01, and other applicable federal, state and COUNTY laws, regulations and policies relating to equal employment and contracting opportunities, including laws and regulations hereafter enacted.

30. DISCRIMINATION

No person shall, on the grounds of race, sex, creed, color, religion, or national origin, be excluded from participating in, be refused the benefits of, or otherwise be subjected to discrimination in any activities, programs, or employment supported by this Contract.

31. RELIGIOUS PROSELYTIZING OR POLITICAL ACTIVITIES

AL-SHIFA CLINIC agrees that it will not perform or permit any religious proselytizing or political activities in connection with the performance of this Contract. Funds made available under this Contract will be used exclusively for performance of the work required under this Contract and no funds made available under this Contract shall be used to promote any religious or political activities.

32. CONFLICT OF INTEREST

AL-SHIFA CLINIC, its agents and employees shall comply with all applicable federal, state and COUNTY laws and regulations governing conflict of interest. To this end, AL-SHIFA CLINIC will make available to its agents and employees copies of all applicable federal, state, and COUNTY laws and regulations governing conflict of interest. In particular, the following federal regulation paraphrased from 24CFR 570-611, Conflict of Interest: except for salaries and related administrative or personnel costs, no employees, agents consultants, officers or elected or appointed officials of subrecipients which receive CDBG funds, who exercise or have exercised any CDBG functions or who are in a position to participate in a decision making process or gain inside information, may obtain a personal or financial interest or benefit from a CDBG assisted activity or any CDBG funded Contract, subcontract or agreement, during their tenure or for one year thereafter.

AL-SHIFA CLINIC shall furnish to COUNTY, prior to execution of this Contract, a written list of all current or proposed subgrantees/subcontractors, vendors or personal service providers, including subsidiaries of AL-SHIFA CLINIC. This list should be limited to those subgrantees/subcontractors, vendors or personal service providers, including subsidiaries of AL-SHIFA CLINIC, which will receive \$10,000 or more during the term of this Contract. Such a list shall include the names, addresses, telephone numbers, and identification of principal party(ies), and a description of services to be provided. During the term of this Contract, AL-SHIFA CLINIC shall notify COUNTY in writing of any change in the list of subgrantees/subcontractors, vendors, personal service providers or subsidiaries of AL-SHIFA CLINIC within fifteen (15) days of change.

33. HUD HOLD HARMLESS

AL-SHIFA CLINIC shall indemnify, defend and hold harmless COUNTY against any liability, claims, losses, demands, and actions incurred by COUNTY as a result of the determination by HUD or its successor that activities undertaken by AL-SHIFA CLINIC under the program(s) fail to comply with any laws, regulations or policies applicable thereto or that any funds billed by and disbursed to AL-SHIFA CLINIC under this Contract were improperly expended.

34. INDEMNIFICATION

AL-SHIFA CLINIC agrees to indemnify, defend and hold harmless COUNTY and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this Contract from and cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by COUNTY on account of any claim therefore, except where such indemnification is prohibited by law.

35. INSURANCE REQUIREMENTS

Without in any way affecting the indemnity herein provided and in addition thereto, AL-SHIFA CLINIC shall secure and maintain throughout the contract the following types of insurance with limits as shown:

- Workers' Compensation - A program of Workers' Compensation insurance or a state-approved Self-Insurance Program in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employers' Liability with \$250,000 limits, covering all persons providing services on behalf of AL-SHIFA CLINIC and all risks to such persons under this Contract.

If AL-SHIFA CLINIC has no employees, it may certify or warrant to COUNTY that it does not currently have any employees or individuals who are defined as "employees" under the Labor Code and the requirement for Workers' Compensation coverage will be waived by the County's Risk Manager.

With respect to Contractors that are non-profit corporations organized under California or Federal law, volunteers for such entities are required to be covered by Workers' Compensation insurance. If the County's Risk Manager determines that there is no reasonably priced coverage for volunteers, evidence of participation in a volunteer insurance program may be substituted.

- Comprehensive General and Automobile Liability Insurance - This coverage to include contractual coverage and automobile liability coverage for owned, hired, and non-owned vehicles. The policy shall have combined single limits for bodily injury and property damage of not less than one million dollars (\$1,000,000).
- Errors and Omissions Liability Insurance - Combined single limits of \$1,000,000 for bodily injury and property damage and \$ 3,000,000 in the aggregate or
- Professional Liability - Professional liability insurance with limits of at least \$1,000,000 per claim or occurrence.

Errors and Omissions Liability Insurance is not required for the Board of Directors of non-profit corporations organized under California or Federal law.

Additional Named Insured - All policies, except for Workers' Compensation, Errors and Omissions and Professional Liability policies, shall contain additional endorsements naming COUNTY and its officers, employees, agents, and volunteers as additional named insured with respect to liabilities arising out of the performance of services hereunder.

Waiver of Subrogation Rights - AL-SHIFA CLINIC shall require the carriers of the above required coverages to waive all rights of subrogation against COUNTY, its officers, employees, agents, volunteers, contractors and subcontractors.

Policies Primary and Non-Contributory - All policies required above are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by COUNTY.

36. PROOF OF COVERAGE

AL-SHIFA CLINIC shall immediately furnish certificates of insurance to ECD evidencing the insurance coverage, including endorsements, above required prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days written notice to ECD, and AL-SHIFA CLINIC shall maintain such insurance from the time AL-SHIFA CLINIC commences performance of services hereunder until the completion of such services. Within sixty (60) days of the commencement of this Contract, AL-SHIFA CLINIC shall furnish certified copies of the policies and all endorsements. AL-SHIFA CLINIC shall complete and submit Contract Exhibit 4 of 7, INSURANCE INVENTORY, along with the above-required insurance documents.

37. INSURANCE REVIEW

The above insurance requirements are subject to periodic review by COUNTY. The County's Risk Manager is authorized, but not required, to reduce or waive any of the above insurance requirements whenever the Risk Manager determines that any of the above insurance is not available, is unreasonably priced, or is not needed to protect the interests of COUNTY. In addition, if the Risk Manager determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Risk Manager is authorized, but not required, to change the above insurance requirements, to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against COUNTY, inflation, or any other item reasonably related to the COUNTY'S risk.

Any such reduction or waiver for the entire term of the Contract and any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Contract. AL-SHIFA CLINIC agrees to execute any such amendment within thirty (30) days of receipt.

38. COMPLIANCE WITH LAWS

All parties agree to be bound by applicable federal, state, and local laws, ordinances, regulations, and directives as they pertain to the performance of this Contract. This Contract is subject to and incorporates the terms of the ACT; 24 Code of Federal Regulations, Part 570 and Part 84; and U.S. Office of Management and Budget Circulars A-122, and A-133.

39. AMENDMENTS: VARIATIONS

This writing with attachments, embodies the whole of this Contract of the parties hereto. There are no oral agreements contained herein. Except as herein provided, addition or variation of the terms of this Contract shall not be valid unless made in the form of a written amendment to this Contract formally approved and executed by both parties.

40. NOTICES

All notices shall be served in writing. The notices shall be sent to the following addresses:

County of San Bernardino
Department of Economic
and Community Development
290 North "D" Street, Sixth Floor
San Bernardino, CA 92415-0040

Al-Shifa Clinic, Inc.
P.O. Box 9724
San Bernardino, CA 92407

(continued on next page)

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41. COUNTERPART EXECUTION

This Contract may be executed in counterparts. When executed, each counterpart shall be deemed an original irrespective of date of execution. Said counterparts shall together constitute one and the same Contract.

IN WITNESS WHEREOF, the parties have caused this Contract to be executed as of the day and year written above.

COUNTY OF SAN BERNARDINO

AL-SHIFA CLINIC, INC.

By: _____
DENNIS HANSBERGER, Chairman
Board of Supervisors

By: _____
SAHIBZADA MUZAFFARUDDIN
Manager

Dated: _____

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED TO
THE CHAIRMAN OF THE BOARD

By: _____
MOHAMMED ASLAM, M.D.
Chairman, Board of Directors

Dated: _____

J. RENEÉ BASTIAN
Clerk of the Board of Supervisors
of the County of San Bernardino

By: _____

Dated: _____

APPROVED AS TO LEGAL FORM

ALAN MARKS
County Counsel

By: _____
MICHELLE BLAKEMORE
Deputy County Counsel for ECD

Dated: _____

COUNTY OF SAN BERNARDINO DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENTProject/Activity Title:Case Number: : 215-25127/1897Muscoy: Health Care Services Program -
Al-Shifa ClinicName/Address of Contractor Agency:Date of Issue:

Al-Shifa Clinic, Inc.

P.O. Box 9724

San Bernardino, CA 92407

X Original: Beginning 07/01/03 Amendment #**PROJECT/ACTIVITY DESCRIPTION****SERVICES:**

AL-SHIFA CLINIC will provide free healthcare clinic services to approximately one hundred seventy-five (175) patients per month who are low- and moderate-income residents of the Muscoy area and other unincorporated communities in the Second and Fifth Supervisorial Districts.

The clinic will provide free healthcare, illness prevention, and education services to approximately ten (10) persons during each twenty (20) hour week.

Healthcare Services: Volunteer doctors, registered nurses and support staff will provide healthcare and administration services. Paid positions will be the Clinic Administrator for twenty-five (25) hours per week, the Receptionist for twenty (20) hours per week, and a Registered Nurse for ten (10) hours per week. This free healthcare clinic will provide primary preventive healthcare for children, adults and seniors, well-baby checkups and immunization, as well as other services. Medication will be dispensed as needed. Seventy percent (70%) of the clinic hours will be used for primary preventive activities and will be the main objective of this organization.

Health Education: Licensed doctors, registered nurses and public health professionals will provide preventive and psychiatric health education to children, adults and seniors. In addition, drug, alcohol and tobacco health education will be provided. Twenty percent (20%) of the clinic hours will be devoted to this education.

UNITS OF SERVICE:

Healthcare Services: An estimated one hundred seventy-five (175) patients will be seen per month. Each person seen for an appointment counts as one (1) unit of service.

Health Education: An estimated ten (10) persons will be educated for health concerns per month. Each person who receives health information counts as one (1) unit of service.

In addition to the units of service, AL-SHIFA CLINIC will report unduplicated client counts on the MONTHLY DIRECT BENEFIT REPORT, Exhibit 6 of 7, and will report monthly dollars spent and clients served on the COMMUNITY BENEFIT REPORT, Exhibit 7 of 7.

OPERATIONS:

The health clinic will be located at 2034-B Mallory Street, San Bernardino, CA 92407 and will be open 20 hours a week as follows:

Wednesdays	12:30 p.m. – 5:30 p.m.
Thursdays	3:30 p.m. – 8:30 p.m.
Fridays	2:00 p.m. – 7:00 p.m.

Saturdays

9:30 a.m. – 2:30 p.m.

COUNTY OF SAN BERNARDINO DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Project/Activity Title:Case Number: : 215-25127/1897Muscoy: Health Care Services Program -
Al-Shifa ClinicName/Address of Contractor Agency:Date of Issue:

Al-Shifa Clinic, Inc.

P.O. Box 9724

San Bernardino, CA 92407

X Original: Beginning 07/01/03 Amendment #**BUDGET SUMMARY**

COST CATEGORY	CDBG SHARE \$	OTHER SOURCES \$*	TOTAL COST \$
1) Personnel:	\$30,000	\$9,817	\$39,817
2) Consultant/ Contract Services:	-0-	\$8,596	\$8,596
3) Utilities:	-0-	\$6,300	\$6,300
4) Space Rental:	-0-	\$1	\$1
5) Consumable Supplies:	-0-	\$8,100	\$8,100
6) Rental, Lease, or Purchase of Equipment:	-0-	\$2,000	\$2,000
7) Insurance:	-0-	\$8,500	\$8,500
8) Other:	-0-	\$6,200	\$6,200
TOTALS	\$30,000	\$49,514	\$79,514

*If costs are to be shared by other sources of funding, including CDBG funds from other jurisdictions, identify the source of funding, grantor/lending agency, and cost category information.

SUMMARY – OTHER SOURCES OF FUNDING:

Community Donations (fundraising) \$49,514

COUNTY OF SAN BERNARDINO DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Project/Activity Title:Case Number: : 215-25127/1897Muscoy: Health Care Services Program -
Al-Shifa ClinicName/Address of Contractor Agency:Date of Issue:Al-Shifa Clinic, Inc.
P.O. Box 9724
San Bernardino, CA 92407 X Original: Beginning 07/01/03
 Amendment #**BUDGET JUSTIFICATION - PART II (PERSONNEL)**

A) WAGES:

POSITION/TITLE	ACTUAL HOURLY RATE (SALARY)	# HOURS PER WEEK	MONTHS TO BE EMPLOYED	TOTAL COST \$	CDBG COST \$
Clinic Administrator	\$12.94	25	12	\$16,822	\$15,528
Receptionist	\$6.89	20	12	\$7,166	\$6,615
Medical Assistant	\$25.00	10	12	\$13,000	\$7,857
Subtotal:				\$36,988	\$30,000

B) FRINGE BENEFITS:

TYPE OF COSTS	PERCENT OF SALARY/CALCULATIONS	TOTAL COST \$	CDBG COST \$
FICA	7.65%	\$2,829	-0-
Subtotal:		\$2,829	\$30,000

TOTAL COST OF PARTS A & B (Must be the
Same as Budget Line Item #1 in Budget Summary)**\$39,817 \$30,000**

COUNTY OF SAN BERNARDINO DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Project/Activity Title: _____ Case Number: : 215-25127/1897
 Muscoy: Health Care Services Program -
 Al-Shifa Clinic

Name/Address of Contractor Agency: _____ Date of Issue: _____
 Al-Shifa Clinic, Inc.
 P.O. Box 9724 X Original: Beginning 07/01/03
 San Bernardino, CA 92407 _____ Amendment # _____

INSURANCE INVENTORY**WORKERS' COMPENSATION/EMPLOYER'S LIABILITY INSURANCE**

Name of Insurance Company: State Compensation Insurance Fund
 Effective Dates: May 15, 2003 through May 15, 2004
 Employer's Liability Limit \$1,000,000
 Certificate of Insurance Attached X Yes No: On File w/ ECD

COMPREHENSIVE GENERAL AND AUTOMOBILE LIABILITY INSURANCE

Name of Contractor's General Insurance Company: Palmyra Insurance Agency
Limits of Liability Effective Dates: March 28, 2003 through March 28, 2004
 Per Occurrence \$1,000,000 Additional Insured Endorsement Attached X Yes No: On File w/ ECD
 Annual Aggregate \$2,000,000 Certificate of Insurance Attached X Yes No: On
 File w/ ECD

Name of Contractor's Automobile Liability Insurance Company: Palmyra Insurance Agency
Limits of Liability Effective Dates: March 28, 2003 through March 28, 2004
 Per Person \$1,000,000 Per Accident \$1,000,000 Damage Liability \$1,000,000 Combined Single Limit \$

ERRORS AND OMISSIONS LIABILITY INSURANCE

Name of Contractor's Insurance Company: N/A
Limits of Liability Effective Dates: _____
 Per Occurrence \$ Additional Insured Endorsement Attached Yes No: On File w/ ECD
 Annual Aggregate \$ Certificate of Insurance Attached Yes No: On File w/ ECD

PROFESSIONAL LIABILITY INSURANCE

Name of Contractor's Insurance Company: American Healthcare Indemnity Company
Limits of Liability Effective Dates: March 4, 2003 to March 4, 2004
 Per Occurrence \$1,000,000 Additional Insured Endorsement Attached Yes X No: On File w/ ECD
 Annual Aggregate \$3,000,000 Certificate of Insurance Attached X Yes No: On File w/ ECD

COUNTY OF SAN BERNARDINO DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Project/Activity Title:Muscoy: Health Care Services Program -
Al-Shifa ClinicCase Number: : 215-25127/1897Name/Address of Contractor Agency:Al-Shifa Clinic, Inc.
P.O. Box 9724
San Bernardino, CA 92407Date of Issue:X Original: Beginning 07/01/03
Amendment #**BENEFICIARY QUALIFICATION STATEMENT**

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. Only one statement per person, per year is required.

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members. **How many persons are in your household?** _____
2. This question asks if you are from a low- and moderate-income household. For this question a list of the 2003 LOW-INCOME and LOW- AND MODERATE-INCOME categories* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. **In the blank provided, write yes or no, that your combined gross annual income is equal to or less than the LOW-INCOME amount for the number of persons in your household.** _____

In the blank provided, write, yes or no, if your combined gross annual income is equal to or less than the LOW- AND MODERATE-INCOME amount for the number of persons in your household. _____

	Number of Persons in Your Household			
	1	2	3	4
LOW-INCOME	\$17,850	\$20,400	\$22,950	\$25,500
LOW- <u>AND</u> MODERATE-INCOME (COMBINED)	\$28,550	\$32,650	\$36,700	\$40,800
	Number of Persons in Your Household			
	5	6	7	8
LOW-INCOME	\$27,550	\$29,600	\$31,600	\$33,650
LOW- <u>AND</u> MODERATE-INCOME (COMBINED)	\$44,050	\$47,350	\$50,600	\$53,850

COUNTY OF SAN BERNARDINO DEPARTMENT OF ECONOMIC AND COMMUNITY
~~DEVELOPMENT~~

3. Please indicate how you identify yourself by checking **only one (1)** of the following choices:

	Hispanic	Non-Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
Amer. Indian/Alaskan Native & Black/African Amer.	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other _____	<input type="checkbox"/>	<input type="checkbox"/>

4. Please check whether you belong to a Female Headed Household: ☐ Yes ☐ No

5. Please describe the **condition** that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:
 (description) _____

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SIGNATURE: _____ PHONE: _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.

*Taken from 2003 Section 8 Low-Income and Very Low-Income Limits.

COUNTY OF SAN BERNARDINO DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Project/Activity Title:

Case Number: : 215-25127/1897

Muscoy: Health Care Services Program -
Al-Shifa Clinic

Name/Address of Contractor Agency:

Date of Issue:

Al-Shifa Clinic, Inc.

P.O. Box 9724

San Bernardino, CA 92407

X Original: Beginning 07/01/03 Amendment #

MONTHLY PROGRAM PROGRESS AND DIRECT BENEFIT REPORT For the Month of _____, 200__

PART I: MONTHLY PROGRAM PROGRESS REPORT

A. Units of Service Provided and Description

Under each type of service listed below, summarize what your program has accomplished during this month. Include location, number of persons served, services/benefits provided, and a description of the clients served. Also report the number of "Units of Service" provided, as defined in the Project/Activity Description (Exhibit 1 of the agreement).

Type of Service:

Anticipated Units of Service:

1. Healthcare Services:

Goal/mo.: 175 Actual/mo.: _____

(Each person seen for an appointment will count
as one (1) unit of service.)

2. Health Education:

Goal/mo.: 10 Actual/mo.: _____

(Each person that receives health, preventative drug,
alcohol or tobacco information will count as one (1)
unit of service.)

B. Monthly Beneficiary Count (may include individual persons or households previously counted during this grant/program year)

Total number of beneficiaries (clients/participants) served this month (**choose one category only**):

of Persons _____ OR # of Households _____

PART II: DIRECT BENEFIT REPORT

Direct Benefit Statistics (Unduplicated first-time client counts since start of contract; taken from Beneficiary Qualification Statement forms)

Enter the number of first-time program beneficiaries directly assisted this month

Count only as: ☐ Individual Persons or ☐ Households (check one box)Low -Income (**only**): _____Low - **and** Moderate-Income (**combined**): _____All Beneficiaries:

Racial Identity Categories

	Hispanic (a)	Non- Hispanic (b)		Hispanic (c)	Non- Hispanic (d)
White	_____	_____	American Indian/Alaskan Native & White	_____	_____
Black/African American	_____	_____	Asian & White	_____	_____
Asian	_____	_____	Black/African American & White	_____	_____
American Indian/Alaskan Native	_____	_____	Amer. Indian/Alaskan Native & African Amer.	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____	Balance/Other	_____	_____

Grand Total of Racial Identity Categories. Sum of columns a, b, c, and d should equal the "All Beneficiaries" total above:

Female Headed Households: _____

Signed _____ Title _____ Date _____

Printed Name _____ Telephone No./Ext. _____

COUNTY OF SAN BERNARDINO DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Project/Activity Title:

Case Number: : 215-25127/1897

Muscoy: Health Care Services Program -
Al-Shifa Clinic

Name/Address of Contractor Agency:

Date of Issue:

Al-Shifa Clinic, Inc.

P.O. Box 9724

San Bernardino, CA 92407

X Original: Beginning 07/01/03 Amendment #

COMMUNITY BENEFIT REPORT

For the month of _____, 200__

This form has the purpose of providing information on the amount of funds expended to benefit the residents of the communities that funded this project. This is to ensure that services are provided in proportion to the amount of CDBG funds provided as identified by the CDBG contract. Please enter the amount of CDBG funds expended during the month and the number of persons or households served by the expenditure.

Count only as: ☐ Individual Persons or ☐ Households (check one box)

Community	Contract Dollars Allocated	Portion For this Month	Dollars Spent this Month	Persons/ Households Served
Second Supervisorial District	\$10,000	\$833	\$	
Fifth Supervisorial District	\$20,000	\$1,667	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTAL	\$30,000	\$2,500	\$	

Signed _____ Title _____

Printed Name _____ Telephone No./Ext. _____

The following maps show the unincorporated areas and boundaries of the Supervisorial Districts identified above.